

Baltimore City Fire Department



Office of the Fire Marshal



Request for Free Smoke Alarm

Unit (where request is made): _____ Date of Request: _____

Part I

Name: _____

Address: _____ Apt. _____

Zip Code: _____

Telephone: _____

Special Instructions: _____

Scheduled Installation Date: _____

Company Officer (on duty at time of request): _____
signature/company/shift

Part II

Company (which made installation): _____ Date of Installation: _____

Check box if installation was a result of: Neighborhood Sweep: ☐ Home Visit: ☐
Walk in Sale: ☐

Remarks: _____

Company Officer (at time of installation): _____
signature/company/shift

Part III

I have received _____ smoke alarm(s) and/or _____ batteries from the

Baltimore City Fire Department

Occupant's signature: **X** _____